



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION
P.O. BOX 480, JEFFERSON CITY, MISSOURI 65102

8-790-003
5/01

**FINANCIAL AID INFORMATION FORM FOR MISSOURI MINORITY TEACHER
EDUCATION SCHOLARSHIP**

PRINT OR TYPE

INSTRUCTIONS ► APPLICANT, PLEASE COMPLETE SECTION I AND HAVE YOUR COLLEGE OR UNIVERSITY FINANCIAL AID OFFICE COMPLETE SECTION II. RETURN THIS FORM WITH YOUR COMPLETED APPLICATION BY FEBRUARY 15.

I. STUDENT APPLICANT

NAME		SOCIAL SECURITY NUMBER	
HOME ADDRESS	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER			
ETHNIC GROUP <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> ASIAN AMERICAN <input type="checkbox"/> HISPANIC AMERICAN <input type="checkbox"/> NATIVE AMERICAN		DATE OF BIRTH MONTH _____ DAY _____ YEAR _____	
ARE YOU PLANING TO ENROLL IN A COURSE OF STUDY LEADING TO A TEACHING CERTIFICATE?			
NAME OF THE APPROVED MISSOURI COLLEGE/UNIVERSITY YOU PLAN TO ATTEND?			
SIGNATURE OF APPLICANT (NOTE: YOUR SIGNATURE AUTHORIZES THE DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION STAFF TO VERIFY YOUR FINANCIAL AID INFORMATION.)		DATE	

II. STUDENT FINANCIAL AID OFFICE OF THE SCHOOL

NAME OF SCHOOL		TELEPHONE NUMBER ()	
IS THE APPLICANT ENROLLED FULL-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(A) NUMBER OF CREDIT HOURS FOR THE SEMESTER OF ENROLLMENT: _____ AND (B) THE AMOUNT OF TUITION FOR THE NUMBER OF CREDIT HOURS: \$ _____			
IS THE APPLICANT A MISSOURI RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THE APPLICANT MAKING SATISFACTORY ACADEMIC PROGRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL COST OF ATTENDANCE		EXPECTED FAMILY CONTRIBUTION	
TOTAL FINANCIAL AID AWARDED		FINANCIAL NEED (TOTAL COST OF ATTENDANCE MINUS EXPECTED FAMILY CONTRIBUTION MINUS TOTAL FINANCIAL AID AWARDED = NEED)	
SIGNATURE OF THE STUDENT FINANCIAL AID ADMINISTRATOR FOR APPLICATION AND CERTIFICATION		PRINT OR TYPE NAME AND TITLE	DATE